Ferm 9-331 (Mny 1968)		TED STATE	-		SUBMIT IN TRIPLICATES (Other instructions on re-		Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.		
	EPARTMEN"			OK ·	verse side)			AND SPEIAL N	٠.
	GEOL	OGICAL SUP	RVEY	<u> </u>			F-078931-B IF INDIAN, ALLOTTES	OR TRIBE NA	M E
SUNDI (Do not use this for	Y NOTICES m for proposals to m "APPLICATION"	AND REPORT OF THE PERMIT—"	ORTS C	N '	WELLS a different reservoir.		- TOSEA, ALBOITE	01 12:02	
1.						7.	UNIT AGREEMENT NA	MB	
OIL GAB WELL	OTHER						FARM OR LEASE NAM		
2. NAME OF OPERATOR Aztec Oil & Gas Company							Central Totah Unit		
8. ADDRESS OF OPERATOR	Company						WELL NO.	/ UIII C	—
P. O. Drawer 570, Farmington, New Mexico 87401							#9		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750' FSL & 1850' FWL							10. FIELD AND POOL, OR WILDCAT		
							Totah Gallup 11. spc., T., R., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO.	15.	ELEVATIONS (Show	whether DF	RT, CR	, etc.)		ection 27-29		
			356 GR			s	an Juan	New Mex	<u>ic</u> o
16.	Check Appropri	iate Box To L	dicate N	ature	of Notice, Report, o	or Othe	er Data		
NOT	ICE OF INTENTION T			1			REPORT OF:		
					WATER SHUT-OFF		REPAIRING V	VELL	
TEST WATER SHUT-OFF FRACTURE TREAT	<u> </u>	E ALTER CASING LE COMPLETE		İ	FRACTURE TREATMENT		ALTERING CA		
SHOOT OR ACIDIZE	ABANDO				SHOOTING OR ACIDIZING		ABANDONME	T*	
REPAIR WELL		PLANS			(Other)	mlte of i	multiple completion	on Well	
(Other) Tempo	orarily Aban			<u> </u>	Completion or Rec	ompletio	n Report and Log for	m.)	
It is locate	ted in a sec Iditional se	ondary red	covery	proj	er present condect and is a potentiary recover	otent	ial		
This well:	is currently	being use	ed as a	wat	er disposal wel	1.			
TEMPORARY Ex pires	ABANDONMENT				RECEIVI			22 1976 ON. COM	- 1
.111	N 1 1977	7		4	JUN 2 1 19	ı u		ST. 3	
	1 1011			: : : •	U. S. CSCLOGICAL S	กี้ชัก ะ.			
18. I hereby certify that th	e foregoing is true	and correct		n:			T	10 107	
GICNED	/ Jan 1	yan T	ITLE	DIST	rict Superinter	ident	DATE June	10, 19/	<u></u>
(This space for Federal	or State office use	7							
APPROVED BY		т	ITLE				DATE	_ 	
CONDITIONS OF APP	ROVAL, IF ANY:								